

PART B - FEE(S) TRANSMITTAL

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2292 7550 02/13/2008

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/609,402	07/01/2003	Yoshihiko Shimizu	0020-5147P	9344

TITLE OF INVENTION: LIGHT EMITTING DEVICE WITH BLUE LIGHT LED AND PHOSPHOR COMPONENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$1400	\$2440 \$1400.00	05/13/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
WILLIAMS, JOSEPH L		2889	313-498000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication from PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- Birch, Stewart,
- Kolasch & Birch,
- LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nichia Kagaku Kogyo Kabushiki Kaisha

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Anan-shi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 4

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☒ The Director is hereby authorized to charge the specified fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2885 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Andrew D. Meikle

Typed or printed name

Date

MAR 06 2008

Registration No. 32,868

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